

## U.S. Department of State APPLICATION FOR U.S. PASSPORT

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	1. NAME (First and Middle)						_													
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-51					ш			_												
1	LAST				-	-	10	-												
	2. MAIL PASSPORT TO: STREET	/ RFD # OR P.O	. BOX		1	APT. #	- 100	14		_			-				-			
								Yr.		10 Y	r. Iss Da									
3	CITY					-	CT	ATE	1	7R	Пр		0	TOP	18					
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1										End.					Exp					
	ZIP CODE	COUNTRY /	IN CARE OF	(if applical	sie)				-	27701										
					1				Т		Т	Т	T		T					
									20000			1	-	1000000	-					
	3. SEX 4. PLACE OF BIRTI		M	5.	DA	TE OF	BIRT		is.	S. SO	CIAL S	SECUR	NOTICE O	MBER IN PAGE 4)						
	ПМПЕ									T		٦٢			1	10100	T			
	hand (1) hand (1)	0.575.007.00	140 110115 7	EL EDITORIE		144.5	1000	100			Щ,									
	7. HEIGHT 8. HAIR COLOR	9. EYE COLOR	10. HOME T	ELEPHONE		11, 8	USIN	155	ELEP	IONE		12. (	occu	PATION						
Ŋ.	12 DEDITATION ADDRESS INC. NO.	LICT D.O. DOVI	OTOFFEE	0.5.0.4	DITT.					-	14.75									
	13. PERMANENT ADDRESS (DO NOT	LIST P.U. BUX)	STREET	R.F.D. #	CITY		STATE ZIP CODE													
9 -	A PARTICULA PURI ALANE	numering and Ta	A CONTRACTOR A STATE	O m selection and							Levino									
ŭ.	14. FATHER'S FULL NAME Last First	BIRTHPLACE	BIRTHDATE	Yes CITIZEN	15. MC	THER'S	FUL	L MA	DEN I	NAME	BIRT	HPLA	CE	BIRTH	DATE	L Ye	ITIZEN			
Ų.				Yes No	-								-			_ No				
	16. HAVE YOU EVER SPOUSE'S OR BEEN MARRIED? Yes	FORMER SPOUSE	S FULL NAM	E AT BIRTH	BI	RTHPLA	CE						E	IRTHD/	ATE:	L Ye	ITIZEN			
Ħ.	No No	LUID DULIDO IDILIZA	2000		100 00											□ No				
Ш,	DATE OF MOST RECENT MARRIAGE	Yes Give Date	Month Day	Year	000000	HER NA	MES	YOU	HAVE	E USED										
И.		□ No		1	tti					(2)										
	18. HAVE YOU EVER BEEN ISSUED A		Yes 🗌	No IF YES,	COMPLE	TE NEXT	LINE	AND S	TIMBUR	PASS	PORT IF	AVA	person		SPOSITI					
	NAME IN WHICH ISSUE	D	MOST R	RECENT PASSE	ORT NU	MBEH	Mont		Day		feet		s	sbmitted	☐ St	olen				
IJ.													L	ist.	01	her				
		It is necessary to su statement must set	bmit a statement	with an applica	stion for	new pas	sport	when	a previo	us vali	d or pot	ential	ly valid	passpor	t cannot	be presen	ted. The			
5 T	1	19. EMERGENCY					-	-	-	_		. 1	na wa	ALIEN BE	A 8100 C	0.000				
A	/ AT . \ A	person not travelin					MOUTE	155 00	r receipt	UCHE HU	HOST OF			Mon		t mandati r	Year			
L	/ , 211 , \ }	NAME										-	Date of Trip							
	1 - 11 8	1000000											Length of Trip	1			1000			
3	13/	STREET												TRIES TO	D BE VIS	RTED:	_			
×	( ) # !! //																			
CITY						STATE ZIP CODE TELEPHONE														
S	1 1						_		_	_		_								
T		21. STOP. D	O NOT SIGN	APPLICAT	ION U	VTIL RE	QUE	STE	D TO	DO S	O BY	PER	SON	ADMI	NISTE	RING O	ATH.			
P		I have not, sind on the reverse	of this appl	united Star	n (univ	zensnip ess axn	lanat	tory	ed ar	nent	is att	cts I	isted	under	"Acts	or Cor	ditions"			
1	SUBMIT TWO RECENT E	that the statem																		
-	1 757157/5007277				X															
П					^ -	Fi	ather	's/Le	cal G	uardi	an's S	lana	ture	(if idea	ntifvino	minor	1:			
7)	X								-											
5	Applicant's Sign	nature - age 14	or older		Mother's/Legal Guardian's Signature (if identifying minor)												rl			
2	2. FOR ACCEPTANCE AGENT'S	USE	-		_	141	Othier		23723411		t: Locat	50 S. S. S.	ature	In tue	патупт	y minor				
	Subscribed and sworn to (affirmed				H				aun											
		(SEAL) PASSPORT Agent Postal Employee (Vice) Consul USA																		
-	(Signature of person authorized to acc																			
-			oto		la-				STEUCO	1000000				11						
							23b. Mother's Identifying Documents													
-15	Driver's License Passport Other	Driver's License Passport Other (Specify)																		
	sue Expiration ate: Date:	Date:				Da	eration te:					Place of Issue:								
Date:     Issue:											_107	No.								
2	4. FOR ISSUING OFFICE USE ON	LY (Applicant's	evidence of	citizenship)																
1	Birth Certificate SR CR	City File	d/Issued:																	
ľ	Passport Bearer's Name:	- 10/2007 ( 1000)	CONTRACTOR.																	
C	Report of Birth:																			
IC	Naturalization/Citizenship Cert. No:				Issued	E														
L	Other:																			
1	Seen & Returned:												APPI	ICATIO	N APPE	TOVAL				
1	Attached:			25												- 1 × 1 × 1				
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